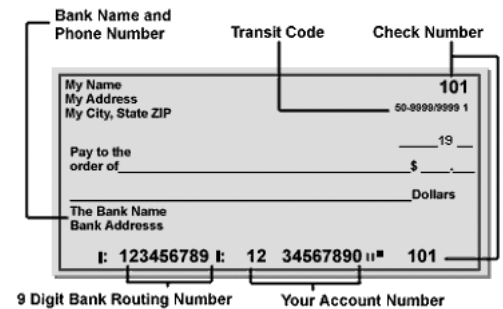




Direct Deposit Application For Individual Income Refund

Request must be mailed to:

Louisiana Department of Revenue
Attn: Taxpayer Service Division
Post Office Box 66362
Baton Rouge, La 70896-6362
Fax number: (225) 219-2446


Tax Year: ☐ 2004 or ☐ 2005

Please print or type.

Name ▼	Social Security Number ▼
Spouse Name ▼	Social Security Number ▼
Daytime Telephone Number ▼	Name of your Financial Institution ▼
Bank Routing Number ▼	Bank Account Number ▼
Bank Account Name ▼	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Routing Transit Number: A 9-digit number that identifies your bank. For checking accounts, the RTN appears as the first group of numbers at the bottom of your check.

Account Number: The account number for your savings or checking account. For checking accounts, this is the second group of numbers at the bottom of your check. Be careful not to include the check number, which is the last group of numbers at the bottom of a check.

This one time authorization is valid for this refund only. A new form must be completed for any additional and subsequent refund requests.

Signature and Verification

Under penalties of perjury, I (we) declare that the information is to the best of my (our) knowledge and belief is true, correct, and complete. I also authorize the Louisiana Department of Revenue to transfer my individual income tax refund for the taxable year ending _____, or fiscal year ended _____ to the bank account referenced above.

Your signature ▼	Date ▼
Spouse's Signature ▼	Date ▼

Requests sent to us by mail or fax must attach a copy of the driver's license of each taxpayer.

Primary Drivers License Copy

Spouse's Drivers License Copy